

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Friends of Judge Malcolm Harrison
Address P.O. Box 1360, Raymond, MS 39154
Telephone 601 953 4060 Fax _____
Treasurer Robert M. Everett Jr. Email _____

RECEIVED
OCT 08 2010
Campaign Finance
Secretary of State
DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010) Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010) Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010) Mandatory
____ ☒ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010) Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010) Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010) Runoff Candidates
____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 18600 + \$ 3165	\$ 21765	\$ 53585
Total amount of disbursements	\$ 30125 + \$ 373. ⁹⁹	\$ 30499. ⁵²	\$ 51565.17
Total amount of cash on hand		\$ 2019.83	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name L. Bell		08/13/10	\$200.00
Mailing Address 1576 North Lake Drive			
City, State, Zip Code Jackson, MS 39213			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name G. L. Brown		08/04/10	\$250.00
Mailing Address 5201 Newberry Lane			
City, State, Zip Code Spencer, Ok			
Name of Employer (Required)			
Occupation (Required) retired		Aggregated year-to-date	\$250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name H. Catchings		07/01/10	\$500.00
Mailing Address P. O. 2509			
City, State, Zip Code Jackson, MS 39202			
Name of Employer (Required)			
Occupation (Required) Insurance		Aggregated year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name M. Coxwell		08/06/10	\$200.00
Mailing Address 500 North State Street			
City, State, Zip Code Brandon, MS 39043			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period July 1, 2010 through September 30, 2010

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/27/10	\$1,250.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/05/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/05/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/08/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name C. McRae		07/13/10	\$500.00
Mailing Address P. O. Box 565			
City, State, Zip Code Ridgeland, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name M. Parker		07/07/10	\$250.00
Mailing Address 105 Antlers Lane			
City, State, Zip Code Madison, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name B. Powell		07/15/10	\$200.00
Mailing Address 1914 Cherokee Drive			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) self		Aggregated year-to-date	\$200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name E. Rayford		07/29/10	\$500.00
Mailing Address 930 Wynndale Road			
City, State, Zip Code Terry, MS			
Name of Employer (Required)			
Occupation (Required) Physician		Aggregated year-to-date	\$500.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
R. Smith		07/05/10	\$200.00
Mailing Address			
1021 Arbor Vista			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Physician		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
P. Snow		07/06/10	\$200.00
Mailing Address			
419 South State Street			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Attorney		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
M. Ulmer		08/13/10	\$250.00
Mailing Address			
431 Northpoint Pkwy			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Attorney		Aggregated year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
J. Wilkins		08/13/10	\$250.00
Mailing Address			
P. O. Box 650			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Attorney		Aggregated year-to-date	\$500.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
C. Wohner		08/13/10	\$200.00
Mailing Address			
1719 Saint Ann Street			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Attorney		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Health Assurances LLC		07/22/10	\$500.00
Mailing Address			
5903 Ridgewood Road			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
IMS Engineers		07/15/10	\$500.00
Mailing Address			
126 Amite Street			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Engineers		Aggregated year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Steen Dalehite & Pace		07/15/10	\$200.00
Mailing Address			
P. O. Box 900			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)			
Attorney		Aggregated year-to-date	\$200.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/12/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/24/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/24/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/20/10	\$2,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$2,000.00

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/09/10	\$200.00
B. Dallas			
Mailing Address			
240 Trace Colony Park			
City, State, Zip Code			
Ridgeland, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
Attorney			
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/09/10	\$500.00
G. Glover			
Mailing Address			
1031 Whitsett Walk			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
Attorney			
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/30/10	\$350.00
O. Nelson			
Mailing Address			
P. O. Box 1556			
City, State, Zip Code			
Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$350.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/05/10	\$200.00
M&M J. Haynes			
Mailing Address			
634 Sheringham Court			
City, State, Zip Code			
Ridgeland, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$450.00
Retired			

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period July 1, 2010 through September 30, 2010

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A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Johnson Tree Service		08/28/10	\$2,000.00
Mailing Address 3700 Garrison			
City, State, Zip Code Baltimore, MD			
Name of Employer (Required)			
Occupation (Required) Retired		Aggregated year-to-date	\$2,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name R. Walker		09/02/10	\$200.00
Mailing Address 187 Inez Owens Drive			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Administrator		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Porter & Malouf		09/28/10	\$1,000.00
Mailing Address P. O. Box 12768			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Medical PAC		08/31/10	\$1,000.00
Mailing Address P. O. Box 2548			
City, State, Zip Code Ridgeland, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/23/10	\$2,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$2,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		09/28/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	Date	Amount of each disbursement
Southern Research Group	(Mo., Day, Year)	this period
Mailing Address	07/11/10	\$6,750.00
City, State, Zip Code		
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$13,500.00
B. Full Name	Date	Amount of each disbursement
The Town of Terry	(Mo., Day, Year)	this period
Mailing Address	08/03/10	\$330.00
City, State, Zip Code		
Terry, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$330.00
C. Full Name	Date	Amount of each disbursement
Blue Dot Group	(Mo., Day, Year)	this period
Mailing Address	08/03/10	\$5,000.00
City, State, Zip Code	09/10/10	\$6,000.00
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$16,000.00
D. Full Name	Date	Amount of each disbursement
F. Smith	(Mo., Day, Year)	this period
Mailing Address	07/07/10	\$500.00
City, State, Zip Code	08/03/10	\$1,000.00
Jackson, MS 39206		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$2,500.00
E. Full Name	Date	Amount of each disbursement
Alferdteen Harrison	(Mo., Day, Year)	this period
Mailing Address	07/15/10	\$1,850.00
City, State, Zip Code		
2010 First Avenue		
Jackson, MS 39206		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$1,850.00
F. Full Name	Date	Amount of each disbursement
Sir Speedy	(Mo., Day, Year)	this period
Mailing Address	07/15/10	\$635.53
City, State, Zip Code		
North State Street		
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$635.53

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full Name	Date	Amount of each disbursement
WMPR 90.1	(Mo., Day, Year)	this period
Mailing Address	09/07/10	\$1,000.00
City, State, Zip Code		
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$1,000.00
B. Full Name	Date	Amount of each disbursement
Run the Sign Man	(Mo., Day, Year)	this period
Mailing Address	08/26/10	\$2,250.00
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$2,250.00
C. Full Name	Date	Amount of each disbursement
Lamar Advertising	(Mo., Day, Year)	this period
Mailing Address	09/14/10	\$2,050.00
City, State, Zip Code		
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$2,050.00
D. Full Name	Date	Amount of each disbursement
F. Smith	(Mo., Day, Year)	this period
Mailing Address	09/08/10	\$1,000.00
City, State, Zip Code		
Jackson, MS 39206		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$3,000.00
E. Full Name	Date	Amount of each disbursement
Political Insights	(Mo., Day, Year)	this period
Mailing Address	09/23/10	\$1,760.00
City, State, Zip Code		
Jackson, MS 39206		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	\$5,435.00
F. Full Name	Date	Amount of each disbursement
	(Mo., Day, Year)	this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate	
	year-to-date	